



### Cairns Eye & Laser Clinic

ASSOCIATESHIP PTY LTD AS TRUSTEE FOR  
CAIRNS EYE CLINIC UNIT TRUST  
ACN 072 854 258 ABN 77 134 613 784

Ophthalmic Physicians and Surgeons

92—94 Pease Street MANOORA QLD 4870

Telephone: (07) 4053 7577  
Facsimile: (07) 4053 7145  
Email: admin@cealc.com.au

### REFERRAL FORM

**For immediate referral telephone: (07) 4053 7577 and select Option 2**

DATE OF REFERRAL:

Referred to: **Dr Stephen O'Hagan**

PATIENT INFORMATION:

Name:

Phone Number: (H) (M) (Bus)

Date of Birth: Gender:  Male  Female

Vision without Glasses: R<sup>6</sup> / L<sup>6</sup> /

Refraction: R

L

Relevant Hx/Findings/Diagnoses:

REFERRAL FOR:

Cataract  Wet ARMD  Dry ARMD

Retinal Surgery  Pterygium  Glaucoma

Other

REFERRING PRACTITIONER:

Name: Provider Number:

Practice:

Telephone number:

Signature:

